FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM D



14/0766

OMB Approval
OMB Number: 3235-0076
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Estimated average burden
hours per response . . . 16.00

SEC USE ONLY					
Prefix	Serial				
l l	1				
DATE RE	CEIVED				
I	1				

	<u> </u>
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Park West Investors, Limited Redeemable Participating Shares	RECEIVED
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) ☐ ULOE	AUG 2 2 2007
Type of Filing: ☑ New Filing □ Amendment	2 2 2007
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	186 EST
Park West Investors, Limited	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
radiciss of Excelline Offices (Namon and Street, City, State, Elp Code)	receptione (without (mending-Area code)
c/o M&C Corporate Services Limited, PO Box 309GT, Ugland House,	
South Church Street, George Town, Grand Cayman, Cayman Islands	(415) 354-0676
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	receptione realities (including Area Code)
Brief Description of Business	
Investment Fund	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ limited partnership, to be formed	☑ other (please specify): Cayman Islands Exempted Company
Mont	th Year
Actual or Estimated Date of Incorporation or Organization:	1 0 6 ØActua
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;	
CN for Canada; FN for other foreign jurisdiction)	V 7
	N Year MACTUA PROCESSED AUG 2 9 2007
GENERAL INSTRUCTIONS S	
F. A	THOMSON
Federal:	EIRIARIO

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. 1875 LiAd (6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer and President	☑ Director	☐ General and/or Managing Partner Managing Member
Full Name (Last name first,	if individual)			. , . 	
Bree, David					
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o dms Management L	td., P.O. Box <u>3</u> 1	910 SMB, 2nd Floor, Ansb	acher House, 20 Genesis Cl	ose, George Town, Gran	nd Cayman, Cayman Islan
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Ghisletta, Aldo					
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
c/o dms Management I :	rd P.O. Box 31:	910 SMR 2nd Floor Ansh	acher House, 20 Genesis C	lose George Town Gra	nd Cavman Cavman Island
Check Box(es) that Apply:		☐ Beneficial Owner	□Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	DExecutive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)	·····		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			

							B. I	NFO]	RMA	OITA	NAI	SOUT	OFFERING			
I. Has	the iss	uer sold	or does	the issu	er inten	d to sell	l, to non	-accred	ited inv	estors i	n this o	ffering?			Yes	No ☑
						Ansv	ver also	in App	endix, (Column	2, if fil	ing under l	ULOE.			
2. Wh	at is the	: minim	um inve	stment t	hat will	be acce	pted fro	m any i	individi	ıal?					\$ <u>1,000</u>	,000_
1.5		on the		····	1	c	1								Yes ☑	No
			-	oint own	-	-								,	_	_
pi ar	urchase nd/or w	rs in co ith a sta	nnection te or sta	n with sa	ales of s the name	ecuritie e of the	s in the broker	offerin	g lfa	person (to be lis	ited is an a	or indirectly, any commission o associated person or agent of a l to be listed are associated person	roker or dealer	registered	No Goodicitation of with the SEC
Full N	ame (L	ast nam	e first, i	if individ	lual)											
Busin	ess or R	lesidenc	e Addre	ess (Nun	nber and	Street,	City, St	ate, Zip	Code)		-		·			
Name	of Asso	ociated	Broker	or Deale	r											
				d Has So												
[AL]		[AZ]				,	[DE]						🗆 All States			
[IL]	[IN]	[iA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]				
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)				
Full N	ame (L	ast nam	e first, i	f individ	lual)									<u> </u>		
Busin	ess or R	lesidenc	e Addre	ess (Nun	nber and	Street,	City, St	ate, Zir	Code)			-				
Name	of Ass	ociated	Broker	or Deale	r	_										
				d Has So						-		<u> </u>				
[AL]		(AZ)				,	[DE]						🗆 All States			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]				
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]				
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]				
Full N	lame (L	ast nam	ie first, i	if individ	lual)											
Busin	ess or R	lesidenc	e Addre	ss (Nun	nber and	Street,	City, St	ate, Zip	Code)	• • • • • • • • • • • • • • • • • • • •			<u> </u>			
Name	of Asso	ociated	Broker	or Deale	r											
				d Has So												
				[CA]									LI All States			
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]				
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer- ing, check this box and indicate in the column below the amounts of the securities of- 		
fered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	s
Equity	\$500,000,000.00*	\$35,500,000.00
	3500,000,000.00	# <u>33,300,000.00</u>
☑ Common ☐ Preferred		
Convertible Securities (including warrants)	s	s
Partnership Interests	\$	\$
Other (Specify)	S	\$
Total	\$500,000,000.00*	\$35,500,000.00
Answer also in Appendix, Column 3, if filing under ULOE		
* This amount is an estimate. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar	e – there is no maximu	ım amount to be raised
amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	*****10	\$35,500,000.00
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		s
Answer also in Appendix, Column 4, if filing under ULOE		<u> </u>
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of	Dollar Amount
	Security	Sold
Rule 505		s
Regulation A		s
Rule 504		s
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		s
Printing and Engraving Costs		\$10,000
Legal Fees		\$30,000
Accounting Fees		S
Engineering Fees		s
Sales Commissions (Specify finder's fees separately)		s
Other Expenses (identify) travel, postage, etc.		\$ <u>10,000</u>
Total	☑	\$50,000

	\$ <u>499,950,000</u>
Payments to	
Officers, Directors, & Affiliates	Payments To Others
□ s	□ s
□ \$	□ s
□ s	□ s
□ \$	□ s
	□ \$
	□ \$
	Ø \$ <u>499,950,000</u>
□ s	□ s
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□ s	☑ \$499,950,000
🗹 S 2	<u>499,950,000</u>
TURE	
this notice is filed under Rule	e 505, the following signature constitution information furnished by the issuer to
Date	4
HULUS	1/6,2007
	7000
•	
	Payments to Officers, Directors, & Affiliates S

END

Intentional misstatements or omissions of fact constitute federal criminal violations, (See 18 U.S.C. 1001.)